LINCOLN COUNTY, NV Rec:\$37.00

2020-159040

10/05/2020 10:15 AM Total:\$37.00

MARGARET BUSCHMAN

Pas=3 AK

After recording	please return to:	
Name:	Margaret Buschman	00005563202001590400030033
Address:	P.O box 231	) OFFICIAL RECORD ) AMY ELMER, RECORDER
City, State, Zip:	Panaca, Nv 89042	) .
Phone:	435-632-0109	}
Assessor's Parcel Number	012-180-07	
		Above This Line Reserved For Official Use Only

## AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

Margaret Buschman being first duly sworn, deposes and states:

- 1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matter hereinafter stated. I declare that I have knowledge of the facts stated herein.
- 2. I am Margaret Buschman the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on 10/27/2014 as Document No. 1980-069764, in Book 291, Page(s) 334, of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.
- 3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 168 Panaca Airport Rd

and described as follows: .8074 AC IN NE 1/4 NE 1/4,,DESCRIPTION:,BEGINNING AT
THE SE CORNER, FROM WHICH PT. THE SE, CORNER OF THE NE 1/4 OF THE NE 1/4
OF SAID SEC. 7,AS SHOWN AND DELINEATED ON THE LESTER C. & LORENE,W.
MATHEWS RECORD OF SURVEY, FILED IN THE OFFICE, OF THE RECORDER OF
LINCOLN COUNTY, NV ON MARCH, 12, 1986, FILE # 84675, BK A PG 258, BEARS N.
89, DEGREES 35'47" E., AT 742.29', THENCE S. 89 DEGREES 35'47" W. 130.63'; ,THENCE
N. 26 DEGREES 14'09" E. 356.94';, THENCE S. 39 DEGREES 24'44" E. 128.17';, THENCE
S. 26 DEGREES 14'09" W. 245.52' TO THE, POINT OF BEGINNING CONTAINING 35,172
SQUARE FT,(0.8074 AC), MORE OR LESS.

4.	Martin Buschman (the Decedent) was one of the Grantees named in said Deed and is the
	Decedent in the attached certified Death Certificate. The date and place of the Decedent's
	death are set forth in the death certificate and incorporated herein by this reference.

5.	The	Dagadant			T T 1	. میم
Э.:	The	Decedent	i was	mv	Hus	nanc

6.	This affidavit is made for the purpose of terminating th	ne joint tenancy	between mys	elf and
	the Decedent in the described property, said title now	vesting in me	Margaret Bus	chman
	as sole owner.			

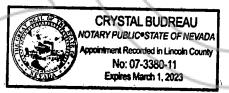
DATED this _	30th	_ day of <u>September</u> , 2020.
		Margaret Buschman
•		<u>Margaret Buschman</u> Affiant Buschman

State of Nevada County of Lincoln

Subscribed and Sworn to before me on this 30th day of Sept., 2020 by

Margaret Buschman, 2020 by

Notary Public





MALE

## CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT'S LEGAL NAME

DATE OF DEATH SEPTEMBER 20, 2019

MARTIN WILLIAM BUSCHMAN SOCIAL SECURITY NUMBER | AGE-Last Birthday: (Years)

UNDER 1 YEAR "UNDER: DAY ... · Days. APRIL 25, 1948

DATE OF BIRTH (Mo/Day/Yr).

BIRTHPLACE (State or Foreign Country) MARYLAND

IF DEATH OCCURRED IN HOSPITAL"

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

FAMILY'S CABIN.

Facility Name (If not institution, give street & number) 521 CREST DRIVE

CITY, TOWN OR LOCATION OF DEATH CIMARRON

GUNNISON

89042

INSIDE CITY LIMITS

RESIDENCE - STREET AND NUMBER 168 PANACA AIRPORT ROAD

RESIDENCE STATE COUNTY

CITY OR TOWN

COUNTY OF DEATH

NO

NEVADA:

GROUP SUPERVISOR

LINCOLN

PANACA

DECEDENT'S EDUCATION

SOME COLLEGE CREDIT, BUT NO

DECEDENT OF HISPANIC ORIGIN /

MARTIN HERMAN BUSCHMAN

EVER IN US ARMED FORCES

White

YES

MARITAL STATUS AT TIME OF DEATH MARRIED

DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)

SPOUSE/PARTNER NAME (If wife give name prior to first marriage) MARGARET ELAINE LA FORGE

FATHER'S NAME

INFORMANT'S NAME

MOTHER'S NAME PRIOR TO FIRST MARRIAGE

KIND OF BUSINESS/INDUSTRY

JUVENILE SERVICES

DECEDENT'S RAGE

CATHERINE MANGOLD

INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE \*\*\*

WAS CORONER NOTIFIED

MARGARET BUSCHMAN NAME OF FUNERAL HOME

CITY AND STATE OF FUNERAL HOME **GUNNISON CO** 

LOCATION - CITY, COUNTY, STATE MONTROSE MONTROSE COLORADO

METHOD OF DISPOSITION CREMATION

CRIPPIN CREMATORY IF TRANSPORTATION RELATED, SPECIFY.

DATE GENNIURY

TIME OF INJURY

PLACE OF INJURY

INJURY AT WORK

LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode)

DESCRIBE HOW INJURY OCCURRED

WAS DECEDENT UNDER HOSPICE CARE

ACTUAL OR PRESUMED TIME OF DEATH

DATE: PRONOUNCED: DEAD (MO/DAY/YR) **SEPTEMBER 20, 2019** 

TIME PRONOUNCED DEAD 08:30 MII

MANNER OF DEATH

NATURAL

WAS AN AUTOPSY PERFORMED NO

Enter the chain of events diseases; injuries, or complications that directly caused the death.

WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING ... THE CAUSE OF DEATH?

## CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or

Sequentially list conditions, if any, leading to the cause listed on line Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)

PROBABLE ACUTE MYOCARDIAL INFARCTION ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

Approximate interval: Onset to death MINUTES

YEARS

PART It Enter other significant conditions contributing to deathbut not resulting in the underlying cause given in PART STATUS POST CARDIAC SURGERY

TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN

DATE SIGNED

TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER.

MICHAEL R BARNES CORONER 106 S TAYLOR STREET GUNNISON CO 81230 GUNNISON

DATE SIGNED SEPTEMBER 20, 2019

DATE FILED BY REGISTRAR

**SEPTEMBER 20, 2019** 

DATE ISSUED

**SEPTEMBER 23, 2019** 

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





